

PLEASE Read Instruction Page (attached):

1. YOUR NAME Sam Stefanki	2. EMAIL Samuel.stefanki@usdoj.gov	3. PHONE NUMBER (916) 554-2788	4. DATE 04/06/2021
5. MAILING ADDRESS 501 I Street, Suite 10-100	6. CITY Sacramento	7. STATE CA	8. ZIP CODE 95814
9. CASE NUMBER 2:20-CR-00213 KJM	10. JUDGE Hon. Kendall J. Newman	DATES OF PROCEEDINGS	
		11. FROM 3/26/2021	12. TO 3/26/2021
13. CASE NAME U.S. v. Saintillus		LOCATION OF PROCEEDINGS	
		14. CITY Sacramento	15. STATE CA
16. ORDER FOR <input type="checkbox"/> APPEAL No. <input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER (Specify)			

17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested) *You must provide the name of the Reporter.*

TRIAL	DATE(S)	REPORTER	HEARINGS	DATE(S)	REPORTER
<input type="checkbox"/> ENTIRE TRIAL			<input checked="" type="checkbox"/> OTHER (Specify Below)		
<input type="checkbox"/> JURY SELECTION			Detention Hearing	03/26/2021	Thresha Spencer
<input type="checkbox"/> OPENING STATEMENTS					
<input type="checkbox"/> CLOSING ARGUMENTS					
<input type="checkbox"/> JURY INSTRUCTIONS					

18. ORDER (Grey Area for Court Reporter Use)

CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
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CERTIFICATION (19 & 20) By signing below, I certify I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	

19. SIGNATURE /s/ Sam Stefanki			PROCESSED BY
20. DATE 04/06/2021			PHONE NUMBER
TRANSCRIPT TO BE PREPARED BY			COURT ADDRESS
ORDER RECEIVED	DATE	BY	
DEPOSIT PAID			DEPOSIT PAID
TRANSCRIPT ORDERED			TOTAL CHARGES
TRANSCRIPT RECEIVED ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			LESS DEPOSIT
PARTY RECEIVED TRANSCRIPT			TOTAL REFUNDED
			TOTAL DUE